

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AD FILED	AVAIL IND TUT AM 2 HOM 2 HT		AVAIL 2 HB AM 2 HOM 2 HT			
	CID	DEP	CID	DEP	CID	DEP
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44	0					
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48						
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50						
TOTAL IND.	3					
TOTAL DEP.	0					
TOTAL CLAIMS	3					

CLAIMS	CID	DEP	CID	DEP	CID	DEP
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